FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB Number:	3235-0076				
Expires June	30, 2008				
Estimated average burden					
nours per respons	se: 16.00				

OMB APPROVAL



FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SE	C USE ONLY
Prefix	Serial
DA	TE RECEIVED

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.))
Sprucegrove: Non-US Equity LLC (f/k/a Goldman Sachs GMS International Equity Advise	rs 2 (Sprucegrove), L.L.C.): Limited Liability
Company Units	<u> </u>
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506	Section 4(6) NULOE-SING
Type of Filing: New Filing Amendment	Managara
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	JUN 177108
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)) DC
Sprucegrove: Non-US Equity LLC (f/k/a Goldman Sachs GMS International Equity Advise Address of Evenutive Offices (Number and Street City, State Zip Code)	rs 2 (Sprucegrove), LA 2thington, DO
Address of Executive Offices (Number and Street, City, State Zip Code)	Telephone Number (including Area Code)
One New York Plaza, New York, New York 10004	(212) 902-1000
Address of Principal Business Operations (Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	ESSED
	HOOLD
Brief Description of Business	3 O 2008 <i>C</i>
To operate as a private investment fund.	7 V 2000 C
	NI DENTEDE
Type of Business Organization THOMSO	N REUTERS
☐ corporation ☐ limited partnership, already formed	☑ other (please specify):
☐ business trust ☐ limited partnership, to be formed	Limited Liability Company
	<u></u>
Actual or Estimated Date of Incorporation or Organization: Month Year 0 8 0 5	☑ Actual ☐ Estimated
Actual or Estimated Date of Incorporation or Organization: 0 8 0 5	E Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevi	
State: CN for Canada; FN for other foreign ju	urisdiction) D E
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation	D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
77d(6)	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering	3. A notice is deemed filed with the U.S. Securities and
Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below	or, if received at that address after the date on which it is
due, on the date it was mailed by United States registered or certified mail to that address.	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be man	mally signed. Any copies not manually signed must be
photocopies of the manually signed copy or bear typed or printed signatures.	auni signoti i di si copiati i
Information Required: A new filing must contain all information requested. Amendments need only report	the name of the issuer and offering, any changes thereto,
the information requested in Part C, and any material changes from the information previously supplied in I	Parts A and B. Part E and the Appendix need not be filed
with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales	of securities in those states that have adopted ULOE and
1103 notice shall be used to indicate reliance on the Contour Divines Consultation (Conto) to the same	

not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
* Each promoter of the issuer, if the issuer has been organized within the past five years;										
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of the issuer;	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities									
 Each executive officer and director of corporate issuers and of corporate general and managing partners 	of par	rtnership issuers; and								
* Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	<u> </u>	General and/or								
once box(es) that apply.		Managing Partner								
Full Name (Last name first, if individual)										
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director		General and/or								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		Managing Partner								
Full Name (Last name first, if individual)										
Asali, Omar M.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Barbetta, Jennifer		·-								
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Gottlieb, Jason										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Ort, Peter										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Ross, Hugh M.		· <u> </u>								
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	0	General and/or Managing Partner								
Full Name (Last name first, if individual)	-									
Business or Residence Address (Number and Street, City, State, Zip Code)										

		. "		B. IN	FORMAT	ION ABC	UT OFFI	ERING				
											Yes	No
1. Has th	ne issuer solo	d, or does th	e issuer inte	end to sell,	to non-accre	edited inves	tors in this	offering?				ゼ
			A	Answer also	in Append	ix, Column	2, if filing u	ınder ULOI	Ξ.			
2. What	is the minim	num investm	ent that wil	l be accepte	ed from any	individual?	•				\$	*
*The Issu	uer's Manag	ging Memb	er may in it	s sole disci	etion accep	ot subscript	ion amoun	ts in whate	ver amoun	t it		- 1
determin	es is accepta	able.									Yes ⊠	No □
	the offering										ш	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.								ectly, any				
comm	nission or sin erson to be l	nilar remun isted is an a	eration for s ssociated pe	olicitation	ot purchase int of a brok	rs in connec er or dealer	registered	with the SE	C and/or wi	th a state		
or sta	tes, list the r	ame of the	broker or de	ealer. If mo	ore than five	e (5) person	s to be liste	d are associ	ated person	s of such		
a brol	ker or dealer.	you may se	et forth the i	nformation	for that bro	ker or deale	er only.					
Goldman	, Sachs & C	Co.*										
*Althoug	the securi	ities will be	sold throu	gh Goldma	n, Sachs &	Co., no cor	nmissions	will be paid	l, directly o	r indirectly	, for solicit	ting any
purchase	r in any jur	isdiction.						<u></u>				
Business	or Residence	e Address (I	Number and	Street, City	y, State, Zip	(Code)						
	Street, Nev			004							_	
Name of	Associated E	Broker or De	ealer									
States in	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers					-	
(Check '	"All States"	or check inc	lividual Stat	es)								II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last namo	tirst, it ind	ividual)									
D - '	D -: 2		1	Canada Cita	. State 7im	(Coda)				<u></u> -		
Business	or Residence	e Address (1	number and	Street, City	y, State, Zip	Code						
Name of	Associated E	Broker or De	ealer					, ng. , -				
	-								·	<u>_</u>		<u></u>
	Which Perso "All States" of										🗆 Al	l States
(AL)		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(AL)	[AK] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	e (Last name							<u> </u>				
Business	or Residence	e Address (I	Number and	Street, City	y, State, Zip	Code)	<u></u>					· -
Name of	Associated E	Broker or De	ealer	_								
	Which Perso									***************************************	,	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred		•		
	Convertible Securities (including warrants)	\$ _	0	\$	0
	Partnership Interests	\$ _	0	\$	0
	Other (Specify): Limited Liability Company Units	\$_	549,007,139	\$	549,007,139
	Total		549,007,139	\$	549,007,139
	Answer also in Appendix, Column 3, if filing under ULOE.	-	···		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Approprie
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	259	\$	549,007,139
	Non-accredited Investors		0	\$	_0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				D. II.
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A			\$	N/A
	Rule 504		N/A	\$	N/A
	Total	_	N/A	\$	N/A
		_		•	
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		\square	\$	82,873
	Accounting Fees			\$	0
	Engineering Fees			\$.	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		Ø	\$	82,873

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXP	ENS	ES .	AND USE OF P	ROCE	EDS	
5.	 b. Enter the difference between the aggregate of Question 1 and total expenses furnished in redifference is the "adjusted gross proceeds to the is Indicate below the amount of the adjusted gross proceeds 	\$_		548,924,266				
	to be used for each of the purposes shown. If the furnish an estimate and check the box to the I payments listed must equal the adjusted gross pro to Part C - Question 4.b. above.							
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0	_ 🗆	\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installation of mac	hinery and equipment		\$_	0	_ 🗆	\$_	0
	Construction or leasing of plant buildings and faci	ilities		\$_	0	_ ۵	\$	0
	Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger)	r the assets or securities of		\$	0		\$	0
	Repayment of indebtedness			Ψ-	0	- "	~ _ •	0
	• •					-		
	Working capital Other (specify): Limited Liability Company Uni			2 -	0	_ 🗖	3 –	0
	Other (speerly). Eminted Elabarity Company Cin	14.3		\$_	. 0	_ 🗹	\$ _	548,924,266
	Column Totals			\$_	0	_ 🗹	\$_	548,924,266
	Total Payments Listed (column totals added)		********		☑ \$	548,92	24,26	6
		D. FEDERAL SIGNATUI	RE_					
fo	he issuer has duly caused this notice to be signed ollowing signature constitutes an undertaking by the f its staff, the information furnished by the issuer to	e issuer to furnish to the U.S. Se	curiti	es an	d Exchange Comn	nission,	upon	written request
Spr Sac	ner (Print or Type) rucegrove: Non-US Equity LLC (f/k/a Goldman hs GMS International Equity Advisers 2 rucegrove), L.L.C.)	Signature	5	/	June (6, 2008			
Nar	ne of Signer (Print or Type) vid Kraut	Title of Signer (Print or Type) Assistant Secretary of the Issu	er's N	Mana	ging Member			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

